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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	r Than An Auth	orized Com	mittee		Office Use Only	
NAME OF COMMITTEE (in full)		IAILING LABEL OR PRINT 🗑	Example:If to over the line				
PHYSICIAN HOSPITA	LS OF AMERICA	POLITICAL ACTIC		:			
	1 1 1 1 1	1 1 1 1 1 1		1 1 1 1 1	1 1 1 1 1		
ADDRESS (number and street	et) PO Box	70980					
Check if different than previously reported. (ACC)	Washing	iton			DC	20024	
2. FEC IDENTIFICATION	I NUMBER ₩	CIT	Y 🙇		STATE	ZIPCOD	E 🛕
C00394163			THIS EPORT	NEW (N) OR	X AM	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-e Year Only) (N Termination R (TER)	Per Due coort(Q1) coort(Q2) coort(Q3) coort(YE) /ear election // (d) // (d)	port Feb e On: Mar	n on General	tion (12C)	Sep 2	in the State of	Special (30S)
5. Covering Period	07 01	2008	throu	ugh 0.7	3 1	2008	
I certify that I have examined Type or Print Name of Treas		o the best of my kno chardson	wledge and belie	f it is true, correct	and complete.		
Signature of Treasurer E	lectronically Filed b	oy John Richards	son		Date 0 6	28	2011
NOTE : Submission of false	e, erroneous, or inc	omplete information	may subject the	person signing th	nis Report to the p	penalties of 2 U.S	S.C 437g.
Office Use						FEC FORM	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y Y		190176.06
	(b) Cash on Hand at Begining of Reporting Period	64259.36	
	(c) Total Receipts (from Line 19)	0.00	37350.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64259.36	227526.06
7.	Total Disbursements (from Line 31)	26048.92	189315.62
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38210.44	38210.44
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

м м 0 7 01 м м 0 7 3 1 2008 2008 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 35100.00 (i) Itemized (use Schedule A) 0.00 2250.00 (ii) Unitemized (iii) TOTAL (add 0.00 37350.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 0.00 37350.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 0.00 37350.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 0.00 37350.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 48.92 315.62 Expenditures..... **Total Operating Expenditures** 48.92 315.62 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 25000.00 188000.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 1000.00 1000.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 26048.92 189315.62 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 26048.92 189315.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	0.00	37350.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	37350.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48.92	315.62
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	48.92	315.62

FE6AN026

State:

A.

District:

COLLEGE DE CECO E COV											
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE N		R:		PA	GE	6/16	3	
ITEMIZED DISBURSEMENTS	for each category of the	l —	ck only o	· ·		_	1	_			
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COMMI	ITTEE									
Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address P.O. Box 5128					action II of Disbur	_			95 0 ŏ 8	Y	
City	State Zip Code SD 57117-5128	Category Type	y/	Amour	nt of Eac		sburse	men		Perio	d
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	туре									

SUBTOTAL of Disbursements This Page (optional)	•	48.92
TOTAL This Period (last page this line number only)	<u> </u>	48.92

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П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 28c		25 29	26 30
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	NAME OF COMMITTEE (In Full) 'PHYSICIAN HOSPITALS OF AMERICA P	OLITICAL ACTION COM	ΛMI	TTE	E							
۸.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS					Date	of Di	sburse				
	Mailing Address P. O. Box 17813					0 7	M /	^D 3	1 /	^Y ^Y 2	0 ŏ 8	Y
	City Richmond	State Zip Code VA 23226				Amou	ınt of	Each	Disburse	-		eriod
	Purpose of Disbursement Contribution			•			-			100	00.00	
	Candidate Name ERIC CANTOR		С	ateg Typ								
	Senate President	ement For: 2008 Primary X General Other (specify)										
	State: VA District: 07 Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS							on ID:	SB23	.588	4	
	Mailing Address PO Box 442					0 ^M 7	M	^D 0	8 /	Ý Ž	0 ŏ 8	Y
	City Allentown	State Zip Code PA 18105				Amou	ınt of	Each	Disburse	ement	this P	eriod
	Purpose of Disbursement Contribution		Г	•						100	00.00	
	Candidate Name CHARLES W DENT		С	ateg Typ	•							
	Office Sought: X House Senate President State: PA District: 15	ement For: 2008 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN					Date	of Di	sburse				
	Mailing Address 222 W. Washington Ave	nue				0 ^M 7	M /	□0	2 /	ž	0 ŏ 8	Y
	City Madison	State Zip Code WI 53703				Amou	ınt of	Each	Disburse	-		eriod
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	Candidate Name		С	ateg Typ								
	Senate President	ement For: Primary General Other (specify)										
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\setminus	NAME OF COMMITTEE (In Full)												
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	City Richmond	State VA	Zip Code 23219			Amou	int of Each	Disburs	ement t	this Per	iod		
	Purpose of Disbursement			Г					100	0.00			
	Candidate Name				ategory/								
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	State: District:	(-											
: .	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLI	DEN					action ID of Disburs		3.5881				
	Mailing Address 18 N. SECOND STREET PO BOX 37	РО ВОХ	37			0 ^M 7	M / D	0 1 /	Ý Ž () 0 8 °			
		State PA	Zip Code 17970			Amou	int of Each	n Disburs	ement t	this Per	iod		
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	State: PA District: 17	(5/60	<i>J</i> , ∀										
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	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 9/16
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA F				
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO				Transaction ID: SB23.5923 Date of Disbursement
	Mailing Address 6896 CASPER MOUNT	AIN RD			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 8 \\ Y & 2 & 0 & 0 & 8 \end{bmatrix}$
	City CASPER	State WY	Zip Code 82601		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution				1000.00
	Candidate Name JOHN A BARRASSO			ategory/ Type	
	X Senate President	ement For: Primary Other (sp	2008 X General ecify) V		
	State: WY District: Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS				Transaction ID: SB23.5885 Date of Disbursement
	Mailing Address PO Box 12886				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7 & \begin{smallmatrix} M \\ \end{smallmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} 8 & \begin{smallmatrix} D \\ \end{smallmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ Z \end{smallmatrix} \ \begin{smallmatrix} Y \\ O \end{smallmatrix} \ \begin{smallmatrix} X \\ S \end{smallmatrix} \ \\ \\ \end{bmatrix}$
	City Tucson	State AZ	Zip Code 85732		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution				1000.00
	Candidate Name GABRIELLE GIFFORDS			ategory/ Type	
		ement For: C Primary Other (sp	2008 General ecify)		
	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMM	IITTEE			Transaction ID: SB23.5886 Date of Disbursement
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	City Uwchland	State PA	Zip Code 19480		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				1000.00
	Candidate Name JIM GERLACH			ategory/ Type	
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		ement For: Primary Other (sp	2008 X General ecify)		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) PAT ROBERTS FOR US SENATE INC			Transaction ID: SB23.5931 Date of Disbursement
Mailing Address PO BOX 433			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
•	State Zip Code KS 67530		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			2500.00
Candidate Name PAT ROBERTS		Category/ Type	
	ment For: 2008 Primary General Other (specify)		
State: KS District: Full Name (Last, First, Middle Initial)	·		
PRICE FOR CONGRESS			Transaction ID: SB23.5893 Date of Disbursement
Mailing Address PO BOX 425			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
•	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			2500.00
Candidate Name THOMAS EDMUNDS PRICE, MD		Category/ Type	
Senate President	ment For: 2008 Primary X General Other (specify)		
State: GA District: 06 Full Name (Last, First, Middle Initial)			
ROAD TO SENATE VICTORY COMMITTE	E		Transaction ID: SB23.5905 Date of Disbursement
Mailing Address 228 S WASHINGTON ST	REET SUITE 115		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \\ D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D $
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Purpose of Disbursement See Memo Below			1000.00
Candidate Name		Category/ Type	
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\	OSPITALS OF AMER	ICA POLITICAL	ACTION COM	MITTEE		
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Mailing Address	PO BOX 2918				$\begin{bmatrix} 0 & 7 & M \end{bmatrix}$	Υ
City RALEIGH		State NC	Zip Code 27602		Amount of Each Disbursement this Pe	erio
Purpose of Disbu	rsement				250.00	
Candidate Name ELIZABETH D	OLE			Category/ Type		
Office Sought:	X Senate President	Disbursement For: Primary Other (spe	2008 X General ecify) ▼		[MEMO ITEM]	
State: NC	District: First, Middle Initial)					
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City HOBBS		State NM	Zip Code 88240		Amount of Each Disbursement this Pe	erio
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Candidate Name STEVE PEAR	 DE			Category/ Type		
Office Sought:	House D X Senate President District:	Disbursement For: Primary Other (spe	2008 X General ecify)	,	[MEMO ITEM]	
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City DENVER		State CO	Zip Code 80250		Amount of Each Disbursement this Pe	erio
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Candidate Name ROBERT W S	CHAFFER			Category/ Type	IMENO ITEM	
Office Sought:	House D X Senate President	Disbursement For: X Primary Other (spe	2008 General		[MEMO ITEM]	
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	_		INE NUMBER: PAGE 12 / 16 only one)									
17	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,		21b 27	22 28a	X	23 28b		24 28c		25 29			
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<u></u>	Full Name (Last, First, Middle Initial) WICKER FOR SENATE					Transaction ID: SB23.5905.3 Date of Disbursement									
	Mailing Address PO BOX 64					0 ^M 7	М	D 2	23	/ Y	ž	οŏε	3 Y		
	City JACKSON	State Zip Code MS 39205				Amou	ınt of	Each	n Dis	burse	-	t this F			
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	Candidate Name ROGER F WICKER		C	ateg Typ		[MEN	IO I	TEM.							
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	City RALEIGH	State Zip Code NC 27602				Amou	ınt of	Each	n Dis	burse	men	t this F	Period		
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PEOPLE FOR PEARCE							Date	of Di	isbu	ırseı	ment			
Mailing Address PO BOX 2696							0 ^M 7	M	Ĺ	^D 2	9 /	Y .	ž 0 Ŏ	8 [*]
City HOBBS		Zip Code 38240					Amou	nt o	f Ea	ch [Disburs	eme	nt this	Period
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Candidate Name STEVE PEARCE				ate Ty	gory/									
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Full Name (Last, First, Middle Initial)							Trans	acti	on	ID:	SB23	.59	25.2	
BOB SCHAFFER FOR US SENATE							Date							
Mailing Address PO BOX 102135							0 ^M 7	M		2	9 /	Y .	žoŏ	8 [*]
City DENVER		Zip Code 30250					Amou	nt o	f Ea	ch [Disburs	eme	nt this	Period
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WICKER FOR SENATE							Date		isbu	ırseı		.59	25.3	
Mailing Address PO BOX 64							0 ^M 7	M		2	9 /	Y .	žoŏ	8 ^Y
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	Full Name (Last, First, Middle Initial) SENATE CONSERVATIVES FUND							Transaction ID: SB23.5921 Date of Disbursement	
N	Mailing Address 228 S. Washington St., Ste. 115							077 / 24 / 2008	Y
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_	TIM MURPHY FO	R CONGRESS						Date of Disbursement 0 7 0 9 2 0 0 8	Y
N	Mailing Address	PO Box 24551						07 09 2008	_
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO		
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address PO Box 490		Transaction ID: SB23.5896 Date of Disbursement DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
St. Joseph Purpose of Disbursement Contribution Candidate Name FREDERICK STEPHEN UPTON Office Sought: X House Disburse	State Zip Code MI 49085 Category/ Type ment For: 2008 Primary General Other (specify)	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO		
Full Name (Last, First, Middle Initial) Washington Literacy Council Mailing Address 1918 18th Street, NW Suite B2		Transaction ID: SB29.5891 Date of Disbursement O 7
7	State Zip Code DC 20009 Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: House Disburser Senate President State: District:	* * * * * * * * * * * * * * * * * * * *	

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